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ABSTRACT

A survey of the states' efforts to initiate alcohol and drug abuse prevention education programs in local school districts found that: (1) almost without exception, alcohol and drug abuse prevention education is part of the health education curriculum; (2) more than half of the states require local school districts to offer comprehensive K-12 substance abuse prevention programs, with choice of curriculum, implementation, and program design left to local school districts; (3) most states do not require preservice or inservice training for school personnel in substance abuse prevention education; (4) almost all states have designated one or more department of education staff members for administering state-level substance abuse prevention policies and services; and (5) many states have established councils comprised of representatives from state agencies, business, and the community that deal with substance abuse prevention education. Survey results are presented in narrative and tabular format, and the National Association of State Boards of Education recommendations to State Boards of Education are included. (JD)

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Alcohol and Drug Abuse Prevention Education:
Survey of the States

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EXECUTIVE SUMMARY

In a survey of states' efforts to initiate alcohol and drug abuse prevention education programs in local school districts, the National Association of State Boards of Education, in collaboration with the Connecticut State Department of Education, found that:

- Almost without exception, alcohol and drug abuse prevention education is part of the health education curriculum; in many states it is also included in driver education courses.
- More than half of the states require local school districts to offer comprehensive K-12 substance abuse prevention programs, but local school districts have the discretion to choose the curriculum and implement and design their own programs.
- Most states do not require preservice or inservice training for school personnel in substance abuse prevention education.
- Most states do not have a system for regularly collecting information specific to alcohol and drug abuse prevention education.
- Almost all states have designated one or more department of education staff members for administering state-level substance abuse prevention policies and services, i.e., providing technical assistance to local education agencies; however, the percentage of staff time devoted specifically to substance abuse prevention activities is quite low in many states. Most state departments of education receive some assistance from state alcohol and drug abuse prevention agencies.
- Many states have, within the last five to six years, established councils comprised of representatives from many states agencies, business and the community that deal directly or indirectly with substance abuse prevention education. The purpose of these councils is to promote cooperation and coordinating of services and to prevent duplication and gaps in prevention and education services.

See the last two pages for recommendations of NASBE to State Boards of Education.

ALCOHOL AND DRUG ABUSE PREVENTION EDUCATION:
SURVEY OF THE STATES

INTRODUCTION

Through the Alcohol Education Guidelines project, the National Association of State Boards of Education (NASBE) has, since 1981, assisted state boards of education to enact policy to institute alcohol education programs in grades K-12 in schools throughout the country.

In the spring of 1986 the project staff worked collaboratively with the Connecticut State Department of Education (SDE) to conduct a survey of the fifty states and the District of Columbia. The intent was to determine the current status of policies and programs on drug abuse prevention education.

In mid-May a questionnaire was sent out by the Connecticut SDE through electronic mail to the states. Two weeks later the survey form and a follow-up letter were mailed out from NASBE. During June and July follow-up telephone interviews with non-respondents were conducted by NASBE.

This report summarizes the results of the survey (see Table 1 for a matrix of responses). In the first section a brief summary of responses to the survey are presented. The second section contains comments and issues raised during the conduct of the survey.

SECTION I. SUMMARY OF SURVEY FINDINGS

The Policy Framework

Almost without exception the states reported that alcohol and drug abuse prevention education is subsumed under the framework of health education. The curriculum guidelines for alcohol and drug abuse prevention education are therefore contained in the curriculum guidelines for health education which include other topics such as nutrition, disease prevention, etc. One state, Kansas, responded that it did not have curriculum guidelines but they are being developed.

Many of the states reported that alcohol and drug abuse prevention education is also included in driver education courses. The Georgia Highway Patrol, for example, works in conjunction with the State Department of Education and the Division of Mental Health, Mental Retardation and Substance Abuse in providing alcohol and drug abuse prevention education prior to student application to drive.

Policy Implementation

Although 27 states reported K-12 programs, several respondents commented during telephone interviews that the laws or regulations allow the local school districts the discretion to implement programs as they see fit. As a result, respondents were uncertain about the percentage of schools within their states that have implemented K-12 alcohol and drug abuse prevention education programs.

A number of states reported they are in the process of implementing long-range plans to ensure K-12 alcohol and drug abuse prevention education programs. California, Louisiana, Michigan, Pennsylvania, and Vermont are examples of states that are implementing statewide school based prevention programs.

Teacher Training

Although only ten states and the District of Columbia (DC) require preservice training, three other states are working to ensure that alcohol and drug abuse prevention education becomes a part of the professional training of all teachers in preparation for certification.

Both Utah and Vermont have developed extensive inservice training in this subject area, requiring 18 to 24 hours of training for school personnel. This inservice training is offered through collaborative efforts by the state department of education and the state alcohol and drug abuse prevention agencies in both states. Several other states reported receiving assistance in inservice training through the U.S. Department of Education Alcohol and Drug Abuse Education Program's regional centers.

Arkansas reported that two instate universities provide 5-day workshops for school/community substance abuse prevention education teams. They also reported that the University of Arkansas Graduate School of Social Work provides inservice training for teachers and school administrators.

Fourteen states provide funding to local districts for the purchase of commercially produced K-12 curricula. Certain curriculum developers then provide as many as five days of inservice training to teachers in preparation for presenting a course.

Monitoring and Evaluation of Local Programs

All of the states reported accreditation site visits every three to five years as a way to regularly collect information on the status of all school programs. However, only the sixteen cited identified information collection systems specific to alcohol and drug abuse prevention education programs.

Three states, Vermont, Pennsylvania and Utah, mentioned information collection systems related to a program evaluation design. Most states are not involved in monitoring or evaluation of school-based alcohol and drug abuse education programs.

Staffing in the State Education Agency

Twenty-eight states reported one full-time person either in health/physical education, guidance or substance abuse education in the state education agency with the responsibility of assisting local school districts in implementing substance abuse prevention education.

Six states reported two people in that position.

Fourteen states reported three or more people with a combination of expertise in health education and/or substance abuse prevention education. Of the 14, ten reported personnel available through regional service structures, either state departments of education staff or other state agency personnel.

Only four states reported no full time health substance abuse prevention education staff within the state education agency.

SECTION II. COMMENTS AND ISSUES

The Health Education Approach

- Health educators maintained that without an encompassing approach such as comprehensive health education, the schools were in danger of being pressured into a crisis response to other emerging or existing social problems such as adolescent suicide, teen pregnancy and school drop-outs. They cited the School Health Education Evaluation (SHEE) conducted by Abt Associates and presented in a special, October 1985 edition of the Journal of School Health, as validation of the effectiveness of this approach. They further stated:
 - A comprehensive health education curriculum would institutionalize alcohol and drug abuse prevention education.
 - Comprehensive health education curricula taught a set of knowledge, skills and attitudes basic to all areas of health including alcohol and drug abuse prevention education.
 - The ten or eleven content areas of a comprehensive health education curriculum would allow the flexibility to concentrate time and effort on a health problem currently defined as important.
 - Excellent health education curricula which include substance abuse prevention education are available.

The Issue of Local Control

- The strong tradition throughout the country of local control often requires state education agencies to assume an advisory rather than a regulatory role. Even though most states mandate alcohol and drug abuse prevention education, the wording of such mandates acknowledges this tradition. Thus, the role accepted by state education agencies is in stimulating local school districts to confront the problem of substance abuse. This is done by offering funding incentives, technical assistance, providing curriculum materials and inservice training.

Teacher Training

- Health educators stated during telephone interviews that preservice training had the potential for improving teacher effectiveness in substance abuse prevention education. However, preservice training, which often consists of only one three-credit course, should be followed by continuing inservice training. Such training would provide the opportunity for teachers to: decide if they are suited by temperament and life experience to teach in this area, refine their skills in presenting the material and develop or enhance their ability to identify students in need of early intervention services. Furthermore, it would enable teachers to identify and utilize opportunities to reinforce substance abuse prevention education efforts at "teachable moments" across subject areas.

Personnel Needs

- Health educators in the state departments of education are required to focus attention and efforts in a number of areas, not just alcohol and drug abuse prevention education. Some reported spending as little as 5% of their time in the substance abuse prevention area. This lack of full time, designated personnel in the state education agencies who have the time to focus on developing guidelines, and provide technical assistance and inservice training is a challenge confronting many states. A single health educator attempting to address all facets of the health field is hard pressed to find the time to devote to local districts struggling to either start or improve a substance abuse prevention education program.
- State departments of education reported that most of the single state agencies for alcohol and drug abuse treatment and prevention provide some resources to the state department of education. Many engage in providing some inservice training for teachers through their regional prevention coordinators. Others provide funds to contract that service to local or regional substance abuse prevention agencies.
- Several states such as Arizona, Massachusetts, Michigan, and Vermont reported the existence of state level planning and advisory councils comprised of top officials and some with representatives of business and

citizens groups. These boards have generally been delegated the authority by the governors or legislatures to coordinate alcohol and drug education and prevention within the state. Among the state level agencies represented in these collaborative efforts in the various states are: departments of education, public health, mental health, and social services; the governor's office; the office of highway safety; the attorney general's office; and the highway patrol.

This approach, involving the many systems that can impact the problem, promises to focus state prevention efforts, prevent duplication and gaps in prevention services, and provide input from all of the interested constituencies. When this process is replicated at the local level, an array of prevention programs are developed which support and reinforce the school curriculum.

Implications for Policymakers

A salient finding of the survey is that only one-third of the states reported an information collection specific to alcohol and drug abuse prevention education. Without a database concerning the current status and effectiveness of alcohol and drug abuse prevention education programs in each school within the state there is little foundation for making the hard decisions about how to invest scarce resources. With accurate data reflecting needs in alcohol and drug abuse prevention efforts, decisions can be made concerning: hiring additional state education agency personnel responsible for alcohol and drug abuse prevention education; developing curriculum guidelines and minimum standards; providing technical assistance; developing resources to secure preservice and inservice training; and entering into collaborative relations with other state-level agencies.

NASBE therefore recommends that each state board of education direct its state education agency to revise or create information collection systems to annually collect data about the status and effectiveness of alcohol and drug abuse prevention education programs in the state. Annual monitoring will enable boards to ascertain the extent to which local education agencies are being successful in implementing full programs and where programs are incomplete or nonexistent. This information can then become the basis for designing new strategies to assist local education agencies in their efforts.

State boards of education should also review their present policies related to alcohol and drug abuse prevention education. This review would cover policies about:

- grade levels in which substance abuse prevention education is taught;
- preservice and inservice teacher training requirements;
- staffing requirements for the state education agency;
- funding strategies to further stimulate local involvement;
- a program evaluation system; and,
- state education agency collaboration with other state agencies.

NASBE recommends that state boards of education revise or institute policies that:

- mandate alcohol and drug abuse prevention education in grades K-12;
- require preservice training in alcohol and substance abuse prevention education for all K-12 teachers and annual inservice training in this subject area for all teachers and administrators;
- require the addition of sufficient full-time health educators/substance abuse prevention education to the staff of the state education agencies. The sole task of these educators should be to assist local education agencies in instituting K-12 alcohol and drug abuse curriculum prevention education in all schools within the state;
- provide a range of funding opportunities to enable local education agencies to develop programs and train personnel;

- institute a statewide substance abuse prevention education program evaluation; and,
- direct state education agencies to seek out or respond to opportunities to collaborate with other state level agencies and groups in alcohol and drug abuse prevention activities.